FEC

STATEMENT OF

FORM 1	ORGANIZATION		
1 Offilm 1	(See instructions)	Office use only	
NAME OF COMMITTEE (in f	(Check if name Example: If ty over the lines		
Dominion Poli	tical Action Committee		
ADDRESS (number and s	One James River Plaza, 20th Floor	<i>.</i>	
(Check if address	Р.О. Вох 26666		
is changed)	Richmond		
	CITY▲	STATE▲ ZIP CODE ▲	L
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)		
(Check if address X is changed)	kaduncan@comerica.com		
is changed)			
(Check if address	PAGE ADDRESS (URL)		
is changed)			
2. DATE M 0 9 3. FEC IDENTIFICA	TION NUMBER C C00108209	19	
4. IS THIS STATEM	ENT NEW (N) OR X AM	MENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it	t is true, correct and complete	
Type or Print Name of	Freasurer Hunter Applewhite		
Signature of Treasurer	Electronically Filed by Hunter Applewhite	Date 09 / 13 / Y 2	2 0 1 1
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person		
Office Use Only	Federal E	ther information contact: Election Commission e 800-424-9530 (Revised 02/2009)	

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5.									
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name Candi		l <u>. </u>						
	Candi Party	idate Affiliati	Office Sought: House Senate President	State District					
	(c)	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name Candi								
	Party	Comm							
	(d)		(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.					
	Political Action Committee (PAC):								
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:					
			X Corporation Corporation w/o Capital Stock La	bor Organization					
			Membership Organization Trade Association Co	poperative					
	(f)	(6)	χ In addition, this committee is a Lobbyist/Registrant PAC.						
	(1)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party					
			In addition, this committee is a Lobbyist/Registrant PAC.						
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)									
	Joint F	Fundra	ising Representative:						
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.									
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.									
Committees Participating in Joint Fundraiser									
			1. FEC ID number						
			2. FEC ID number						
			3. FEC ID number						
			. FEC ID number C						

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Write or Type Committee Name					
Dominion Political Action	n Committee				
6. Name of Any Connected Orga	anization, Affiliated Committee, Joint Fundra	aising Representative, or Lea	dership PAC Sponsor		
Dominion					
			11111111		
Mailing Address	120 Tredegar Street				
	<u> </u>				
	Richmond		23219		
	CITY▲	STATE ▲	ZIP CODE		
Relationship:					
X Connected Organization	Affiliated Committee Joint	Fundraising Representative	Leadership PAC Sponsor		
Full Name Comeric	P.O. Box 75000				
	MC 2250				
	Detroit		482752250		
Title or Position ♥ Record Kee	CITY A	STATE Telephone number 248	ZIP CODE 14 371 7045		
name and address of any of Full Name	nd address (phone number optional) o designated agent (e.g., assistant treasur Applewhite		mittee; and the		
Mailing Address One James River Plaza, 20th Floor					
	P.O. Box 26666				
	-	VA			
	Richmond		23261 –		
Title or Position ♥	CITY &	STATE	23261 ZIP CODE A		

	FEC Form 1	(Revised 0	2/2009)				Page	e 4
	Full Name of Designated Agent	_	Stephanie Min	9				
	Mailing Address	S .	Come	erica Bank, PAC	Services			
			P.O.	Box 75000, MC 2	250			
			Detro	it		_MI_	48275	2250
	Title or Position ▼			CITY A		STATE A	ZIP CODE	A
	A	Asst Treas	urer		Telephone nun	nber 248	371	7045
9.	safety deposit box	ks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents y deposit boxes or maintains funds. e of Bank, Depository, etc. Comerica Bank						
	Mailing Address		PAC Services	, MC 2250				
	Mailing Address		P.O. Box 7500	<u> </u>				
			Detroit			MI L	48275 _	2250
				CITY 🗖		STATE ⊿	ZIP CODE	_ _
	Name of Bank, De	epository, etc).					
	Mailing Address							
				CITY 🔺		STATE △	ZIP CODE	A

 $\textbf{A.} \;\; \text{Form/Schedule}: \; \textbf{F1A}$

 $Transaction \ ID: \\$

Updating PAC email Address

Banks or Other Depositories safety deposit boxes or maintain		ne committee deposits funds, h	olds accounts, rents
Name of Bank, Depository, etc			[ADDITIONAL]
Mailing Address			
	CITY 🗖	STATE. △	ZIP CODE 🛕
Name of Any Connected Org	ganization, Affiliated Committee, Joint Fundrais	sing Representative, or Lead	[ADDITIONAL] dership PAC Sponsor
Mailing Address			
Relationship:	CITY▲	STATE ▲	ZIP CODE ▲
Connected Organization	Affiliated Committee Joint Fundra	ising Representative Le	eadership PAC Sponsor
Designated Agent			[ADDITIONAL]
	rt Varley		
Mailing Address	1201 East 55th Street		
	Main Building		
	Cleveland	OH	44103
Title or Position ▼	CITY A	STATE ∡	ZIP CODE A
Chairma ————————————————————————————————————	n	Telephone number	6207
Joint Fundraiser Participant			[ADDITIONAL]
		FEC ID number C	